

Officeholder, Candidate,
and Controlled Committee
Campaign Statement — Long Form
(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PA LONG FORM

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- ☒ Pre-election Statement
☐ Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
☐ Special Odd-Year Campaign Report
☐ Semi-annual Statement
☐ Termination Statement (Attach a completed Form 415 to this statement.)

Statement covers period

from 10-1-94

through 10-22-94

Date Stamp

RECEIVED
OCT 27 PM 4:34
LINDEN H. FERNANDEZ
CITY CLERK

PAGE 490

Page 1 of 2
For Official Use Only

II Other Committees Not Included in this Statement: List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that are primarily formed to receive contributions

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

COMMITTEE NAME I.D. NUMBER

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

I Officeholder, Candidate, and Controlled Committee Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE

JACK A. SIEGLOCK

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

MEMBER, LODI CITY COUNCIL

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

1702 TIMBERLAKE CIRCLE

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

LODI CA 95242 (209) 368-6521

COMMITTEE NAME I.D. NUMBER

CITIZENS FOR SIEGLOCK 943030

LARRY M. SOLARI

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

POST OFFICE BOX 1607

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

STOCKTON CA 95201 (209) 943-2222

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10-27-94 At Stockton, CA

By [Signature] SIGNATURE OF TREASURER

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/27/94 At Lodi, CA

By [Signature] SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on DATE At CITY AND STATE

By SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on DATE At CITY AND STATE

By SIGNATURE OF CANDIDATE/OFFICEHOLDER

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT

State of California Fair Political Practices Commission

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 10-1-94 through 10-22-94		CALIFORNIA 1994 FORM 490 Page 2 of 7 I.D. NUMBER 943030
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

JACK A. SIEGLOCK CITIZENS FOR SIEGLOCK

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3	\$ 5,597	\$ 1,140	\$ 6,737
2. Loans Received	Schedule B, Line 7	0	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 5,597	\$ 1,140	\$ 6,737
4. Non-monetary Contributions	Schedule C, Line 3	0	0	0
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	\$ 5,597	\$ 1,140	\$ 6,737
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7	0	0	0
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	\$ 5,597	\$ 1,140	\$ 6,737

Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	\$ 1,827	\$ 207	\$ 2,034
9. Loans Made	Schedule H, Line 7	0	0	0
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	\$ 1,827	\$ 207	\$ 2,034
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	0	0	0
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	\$ 1,827	\$ 207	\$ 2,034

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	\$ 933
14. Cash Receipts	Column A, Line 3 above	5,597
15. Miscellaneous Increases to Cash	Schedule I, Line 4	
16. Cash Payments	Column A, Line 10 above	1,827
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	\$ 4,703

If this is a termination statement, Line 17 must be zero.

ENDING CASH BALANCE SHOULD
NOT BE A NEGATIVE AMOUNT

* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

Summary for Candidates in Both June and November Elections

1/1 through 6/30

7/1 to Date

18. LOAN GUARANTEES RECEIVED

Schedule B, Part I, Column (b)

\$

Cash Equivalents and Outstanding Debts

19. Cash Equivalents

See Instructions on reverse

\$

20. Outstanding Debts

Add Line 2 + Line 11 in Column C above

\$

21. Contributions Received

\$

22. Expenditures Made

\$

Schedule A Monetary Contributions Received

Type or print in Ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA DISFORM 490
from 10-1-94		
through 10-22-94		Page 3 of 7
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE JACK A. SIEGLOCK CITIZENS FOR SIEGLOCK		I.D. NUMBER 943030

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

JACK A. SIEGLOCK CITIZENS FOR SIEGLOCK

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10-15-94	Kent Yarborough 1004 Downing Drive Lodi, CA 95242	Self-employed Kent's Janitorial	100		100
10-17-94	Pacific Coast Producers PAC P.O. Box 1600 Lodi, CA 95241 I.D. No. 901743		200		200
10-15-94	General Mills, Inc. 2000 W. Turner Road Lodi, CA 95242		250		250
10-5-94	Bank of Stockton 302 E. Miner Avenue Stockton, CA 95202		250		250
10-6-94	Jamie Howen 251 Ticknor Court Lodi, CA 95242	Volunteer	100		100
SUBTOTAL \$ 900					

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 1,900
- Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ 3,697
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 5,597

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (cont.)

Statement covers period		CALIFORNIA FORM 490
from 10-1-94	through 10-22-94	
		Page 4 of 7
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		I.D. NUMBER
JACK A. SIEGLOCK CITIZENS FOR SIEGLOCK		943030

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10-7-94	Grupe Company Concerned Businessmen Political Action Committee P.O. Box 7576 Stockton, CA 95267 I.D. No. 831390		100		100
10-2-94	Dan Lewis 354 S. Lower Sacramento Road Lodi, CA 95240	Corp. Executive Taco Bell	100		100
10-3-94	Antramk and Eloise Barsamian 820 Madrone Lane Patterson, CA 95363	Pharmacist Self-employed	300		300
10-8-94	Kelly Nuss 2214 Sun West Lodi, CA 95240	Self-employed Nuss Farms	100		100
10-11-94	Jeff Huston 477 River Meadows Woodbridge, CA 95268	Self-employed Dentist	100		100
SUBTOTAL \$ 700					

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (cont.)

Statement covers period from 10-5-94 through 10-22-94		4910 Page 5 of 7 I.D. NUMBER 943030
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NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

JACK A. SIEGLOCK CITIZENS FOR SIEGLOCK

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10-4-94	Greg Culhane P.O. Box 2630 Lodi, CA 95241	Self-employed Sel-More	100		100
10-4-94	Carol Reichmuth 1358 Midvale Road Lodi, CA 95240	Self-employed Farmer	100		100
10-4-94	Felix Costa 13160 N. West Lane Lodi, CA 95240	Self-employed Farmer	100		100
SUBTOTAL \$			300		

Schedule Payments and Contributions (Other Than Loans) Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 10-1-94 through 10-22-94	CALIFORNIA 1994 FORM 490 Page 6 of 7
I.D. NUMBER 943030	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

JACK A. SIEGLOCK CITIZENS FOR SIEGLOCK

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- | | | |
|---|---|---|
| "C" -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" -- BROADCAST ADVERTISING | "G" -- GENERAL OPERATIONS AND OVERHEAD |
| "I" -- INDEPENDENT EXPENDITURES | "N" -- NEWSPAPER AND PERIODICAL ADVERTISING | "T" -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "L" -- LITERATURE | "O" -- OUTSIDE ADVERTISING | "P" -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| | "S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS | |
| | "F" -- FUNDRAISING EVENTS | |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.		
	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
King Videocable 1521 S. Stockton Lodi, CA 95240	B		100
Non-Partisan Candidate Evaluation Council, Inc. 9000 Sunset Boulevard, Suite 406 Los Angeles, CA 90069	L		320
Lodi News-Sentinel P.O. Box 1360 Lodi, CA 95241	N		150

Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$ 570

Payments and Contributions Made Summary

- | | |
|---|----------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$ 1,548 |
| 2. Payments made this period of under \$100. (Do not itemize.) | \$ 279 |
| 3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).) | \$ |
| 4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.) | \$ |
| 5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.) | TOTAL \$ 1,827 |

**Schedule L
(Continuation Sheet)
Payments and Contributions
(Other Than Loans) Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (cont.)

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 10-1-94 through 10-22-94	CALIFORNIA 99 FORM 490 Page 7 of 7
I.D. NUMBER 943030	

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

JACK A. SIEGLOCK CITIZENS FOR SIEGLOCK

CODES FOR CLASSIFYING EXPENDITURES

- | | | |
|---|---|--|
| "C" -- MONETARY AND IN-KIND (NON-MONETARY)
CONTRIBUTIONS TO OTHER CANDIDATES
AND COMMITTEES | "B" -- BROADCAST ADVERTISING | "G" -- GENERAL OPERATIONS AND OVERHEAD |
| "I" -- INDEPENDENT EXPENDITURES | "N" -- NEWSPAPER AND PERIODICAL ADVERTISING | "T" -- TRAVEL, ACCOMMODATIONS AND MEALS
(MUST BE DESCRIBED) |
| "L" -- LITERATURE | "O" -- OUTSIDE ADVERTISING | "P" -- PROFESSIONAL MANAGEMENT AND CONSULTING
SERVICES |
| | "S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS | |
| | "F" -- FUNDRAISING EVENTS | |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Duncan Press, Inc. P.O. Box 1627 Lodi, CA 95241	L			714
Payless Building Supply 532 E. Lockeford Street Lodi, CA 95240	O			58 61
U.S. Postmaster 120 E. School Lodi, CA 95240	L			145

SUBTOTAL \$ 978